

A Road Map for Health IT in Long Term Care



December 2005

Summit Sponsors and Steering Committee



American Association of Homes and Services for the
Aging and the Center for Aging Services Technology
Barbara Maynard and Peter Kress



American Medical Directors Association
Pamela Kumar



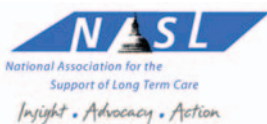
American Health Care Association/
National Center for Assisted Living
John Derr and Todd Smith



National Association for Home Care and Hospice
Mary St. Pierre



American Health Information
Management Association
Michelle Dougherty



National Association for the Support of Long Term Care
Peter Clendenin and Annessa Luna

Strategic Partner Organizations

American Association of Homes and Services for the
Aging and the Center for Aging Services Technology
American College of Health Care Administrators
American Health Care Association/National Center for
Assisted Living
American Health Information Management Association
American Health Quality Association
American Medical Directors Association

American Society of Consultant Pharmacists
Center for Health Transformation
Home Care Technology Association of America
National Association for Geriatric Nursing Assistants
National Association for Home Care and Hospice
National Association for the Support of Long-Term Care
National PACE Association
Setting Priorities for Retirement Years (SPRY)



A Road Map for Health IT in Long Term Care

In August 2005, representatives from 14 key stakeholder groups gathered in Chicago for a groundbreaking summit on health information technology and its implications for long term care. Thought leaders from more than 100 organizations attended the summit to hear presentations, participate in roundtable discussions, and identify health IT priorities for the next 12 to 24 months. This report, pre-summit white papers, and additional summit information can be found at www.ahima.org/infocenter/whitepapers/ltc.asp.

Contents

Executive Summary	4
The Need for an LTC Health IT Summit	4
Person-centric Focus	4
Recommendations for Action Items and Priorities	5
Immediate Next Steps	6
Introduction and Background	6
Summit Format and Methodology	7
Summary of Participant Recommendations from Panel Discussion	7
Priorities and Recommendations for Action	9
Conclusion and Immediate Next Steps	11
Sponsors and Steering Committee	Back Cover
Strategic Partners	Back Cover



Executive Summary

On August 22 through 23, 2005, more than 125 thought leaders and stakeholders convened in Chicago to discuss priorities for long term care (LTC) health information technology and build consensus on key action items for the next 24 months. The purpose of this summit was to articulate a vision, construct a road map, and develop an agenda for focusing private and public sector efforts toward promoting and implementing electronic health records (EHRs) and other information technologies in LTC settings. Stakeholders representing IT developers, government agencies, LTC providers, and consumers offered their perspectives on the ways that health IT, properly designed and implemented, promises to improve healthcare delivery and quality of life for our aging population. Among the summit's products was a road map that outlines priorities the LTC community should focus on in the coming months.

The Need for an LTC Health IT Summit

Currently, health IT agendas and strategies appear to be almost exclusively focused on acute and ambulatory care. Unfortunately, LTC and other equally important providers along the healthcare and wellness spectrum suffer from relative inattention. This situation represents a unique opportunity for payers, providers, and technology developers to design and implement person-centric EHRs, e-prescribing, and other health IT that promise to pay huge dividends in terms of reducing the costs and improving the quality of healthcare while also improving the overall quality of life of our country's senior citizens and citizens with disabilities.

The LTC health IT summit mobilized stakeholders to recognize their common interests and vision and set a course of collaboration to improve the planning for and use of health information technology. In his August 2005 letter to summit participants, US Health and Human Services Secretary Michael Leavitt pointed out that the use of interoperable health information technology, including EHRs, holds considerable promise for facilitating the coordination of care, improving quality of care, and enhancing efficiency in long term care and across the healthcare delivery continuum. It is imperative that public and private-sector policy makers forge a consensus agenda around action steps to promote the adoption of interoperable health IT in long term care to transform our healthcare delivery system.

Person-centric Focus

The summit's presentations and discussions recognized a need for consumer engagement in all aspects of healthcare delivery. Aging services have always taken a holistic approach centered on an individual's health, well-being, preferences, and quality of life and engagement. The adoption of health IT offers new opportunities to realize and extend that vision. Quality in healthcare is ultimately a person-centric construct. Patients' and residents' preferences need to be highlighted in care planning and treatment. Technology needs to support improved communications between patients, families, and caregivers. Consumer access to health records needs to be enabled while summary of care and similar documentation should be interoperable with consumers' personal health records. The summit's derived action steps must be pursued with a person-centric awareness in mind.



Executive Summary

Recommendations for Action Items and Priorities

A primary goal of the summit was to reach consensus on the top priorities for the next 12 to 24 months. The following action items are recommended:

- Formalize a cross-organizational collaborative to mobilize the LTC community on health IT and EHR issues; encourage policy and standards advocacy/activity; articulate the consensus vision, agenda, and road map for a person-centric EHR.
- Advocate for and identify funding mechanisms/incentives, including IT use in pay for performance programs.
- Seek opportunities to participate in the efforts of health IT standards-setting organizations to ensure that unique LTC community issues and use cases are incorporated.
- Advocate for and adopt data content and messaging standards that support a unified language and promote interoperability across care settings. Target health status, ability, and functioning.
- Promote the design, development, and implementation of a standardized patient transfer/summary of care document to enhance the coordination of care across settings and reduce risk to the patient.
- Develop implementation guidelines for existing health IT standards.
- Prioritize e-prescribing and medication safety initiatives.
- Research and benchmark EHR and e-prescribing initiatives. Evaluate emerging practices, business case, and quality outcomes.
- Certify EHR and e-prescribing solutions to reduce risk.
- Link quality initiatives and health IT, the EHR, and e-prescribing by documenting workflows in aging services, documenting critical processes/requirements, focusing on a holistic approach to disease prevention and chronic care management including the development of appropriate decision support.
- Advocate for special projects through Quality Improvement Organizations (QIOs) to support health IT adoption and effective implementation in LTC.

Immediate Next Steps

Three steps must be taken within the next 6 to 12 months to mobilize the LTC community and maintain the momentum generated from the LTC health IT summit. These three activities are:

1. Widely disseminate this report and the white papers submitted by the stakeholder organizations.
2. Develop a cross-organizational collaborative to mobilize and monitor efforts.
3. Hold a follow-up LTC health IT summit in spring 2006.



A Road Map for Health IT in Long Term Care

Introduction and Background

Recently, a broad consensus has emerged that health information technology (IT) in general and electronic health records (EHRs) in particular hold the promise of improving the safety, appropriateness, and effectiveness of healthcare while simultaneously enhancing efficiency and reducing costs.

With a significant portion of national health expenditures devoted to the care of individuals over 65 years old or with disabilities, this consensus is particularly relevant to seniors and their healthcare providers. Health and Human Services Secretary Michael Leavitt pointed out in his August 12 letter to summit participants that almost 10 percent of all healthcare expenditures are directed toward nursing homes and home health services—a number that will increase as our population ages.

The national health IT agenda has primarily focused on acute care, primary (ambulatory) care, and the development of regional health information exchange organizations (RHIOs). Issues relating to LTC and an aging population have somehow slipped between the seams of the national health IT agenda. That relative inattention, the rate at which our society is aging, and the implications for quality of care, quality of life, and healthcare financing are clear reasons why the LTC community needed to organize and mobilize.

The LTC health IT summit held on August 22 through 23, 2005, in Chicago was the first step in this direction. The summit brought together thought leaders and stakeholders to begin to articulate a vision, construct a road map and develop an agenda to focus private and public health IT initiatives and efforts. The ultimate aim of these efforts is to improve the healthcare received and quality of life lived by seniors.

Information technology promises to be a key integrator across the spectrum of aging services. Health IT, properly designed and implemented, promises to help older adults maximize their independence, improve quality of care and life, support professional and family caregivers, increase providers' efficiency, and reduce the nation's healthcare expenditures.

The summit resulted in a set of action or focus items for the next 12 to 24 months. They provide the foundation for a shared vision, consensus, and strategy in the LTC community. Ultimately, the goal of the summit and focus activities is to enable the LTC community to assume its appropriate place in the national health IT agenda and participate in the development of an interoperable healthcare system.



Summit Format and Methodology

More than 125 LTC health IT thought leaders representing more than 100 organizations came together to build consensus on the top priorities for the next 12 to 24 months. Summit attendees heard priorities and strategies from 14 stakeholder organizations representing consumers, healthcare professionals, providers, software developers, and others. These stakeholders outlined their priorities and strategies in white papers developed specifically for the summit in response to the five major thematic questions:

1. What priority does your organization believe should be given to the development of person-centric electronic health records for use by senior consumers and the providers who care for them?
2. What are key actions that can be taken by industry stakeholders to establish a clear business case (payer, provider, and consumer) for the adoption of electronic health records?
3. What are the essential health IT standards and requirements that must still be developed and accepted in order for personal electronic health records to successfully improve the quality, effectiveness, safety, and cost of care for senior consumers?
4. What key actions can be taken by industry stakeholders to stimulate innovation and promote quality based on personal electronic health records?
5. Identify and rank the top 5 to 10 actions your organization believes stakeholders can take to promote the development and adoption of personal electronic health records for seniors and their caregivers.

Another key feature of the summit was a set of panel presentations and discussions on three major topic areas: building a business case, healthcare standards, and quality and innovation. After each panel presentation, conference attendees participated in small group round table discussions. Each group developed and presented to the assembly a set of up to five priority actions that the LTC community must take in response to issues addressed by the panels.

Summary of Participant Recommendations from Panel Discussion

The following summarizes the common themes, actions, and priorities that attendees developed in their small group round table session:

Panel Topic	Recommendations
Building a Business Case	<ul style="list-style-type: none">• Reduce risk for providers through EHR and e-prescribing certification and standards efforts.• Reduce uncompensated cost for providers by incentive payments (pay-for-performance/use, tax credits/loans) and direct reimbursement of costs.



Panel Topic	Recommendations
Building a Business Case	<ul style="list-style-type: none"> • Provide non-monetary assistance to providers to support health IT such as information on available loans/grants, strategies for collaboration and sharing costs, and ongoing quality improvement support, such as through QIOs. • Promote federal attention to LTC health IT by making it a national priority, getting parity for LTC dollars spent, and formalizing LTC organization for information and advocacy. • Conduct research and disseminate funding on the costs and benefits of health IT implementation in LTC, including the costs and benefits that accrue to consumers, providers, and payers. Determine benefits of health IT to consumers, develop standardized work processes that can be supported by health IT adoption, and develop ways to share standardized workflow and health IT solutions.
Healthcare Standards	<ul style="list-style-type: none"> • Promote LTC community awareness and participation in healthcare standards development activities by identifying relevant organizations and initiatives as targets of opportunity for involvement. • Participate in key standard-setting activities with a priority toward e-prescribing, data content, and interoperability. • Promote development and implementation standards for data formatting, content, definitions, and messaging to exchange information to and from LTC settings. Help develop and promote such standards for transfer of care data content and messaging formats. • Assist with implementing standards and ensure use.
Quality and Innovation	<ul style="list-style-type: none"> • Work with QIOs and all members of the LTC community to develop models and decision support/templates on disease management built on research. • Develop and implement standards and processes to allow accurate and timely clinical information flow between care settings. • Implement systems that are holistic to the person's disease stage and management of multiple diseases. • Integrate health IT systems to measure quality outcomes through programs like pay for performance. • Develop workflow and processes that assist caregivers in developing trends and clinical pathways to quality of care and life.



Priorities and Recommendations for Action

Action Item: Formalize a cross-organizational collaborative to mobilize the LTC community on health IT and EHR issues.

To mobilize the LTC community and continue cross-organizational communication, a collaboration of stakeholder organizations is needed. The collaborative would convene to articulate the consensus vision, agenda, and roadmaps for a person-centric EHR. They would encourage policy and standards advocacy, identify action steps, and monitor activities. During the summit, participants pledged their support for assisting with specific activities. Depending on the structure, the collaborative could assist in coordinating efforts by the various participants and stakeholders.

Action Item: Advocate for and identify funding mechanisms/incentives, including IT use in pay for performance programs.

Funding discussions have dominated the national agenda for acute and primary care. The use of health IT and the EHR are just as critical for LTC, and funding discussions must take place in this segment as well. Discussions and programs for reducing uncompensated cost must be addressed. Pay for performance for health IT use must be considered (such as a program linked to the ability to produce and exchange a standardized transfer/summary of care document). In addition, investigation and development programs for non-monetary assistance must be developed, including information on available loans/grants, strategies for collaborating and sharing costs, and ongoing support through the QIOs.

Action Item: Seek opportunities to participate in the efforts of health IT standards organizations.

For the LTC community to engage in the national agenda, benefit from interoperability, and participate in health information exchanges, they must fully participate in standards activities. For example, representation is needed at organizations including HL7, X12, NCPDP, IEEE1073, LOINC, and SNOMED. It is important that the LTC community “issues and use” cases are incorporated into the standards activities.

Action Item: Advocate for and adopt data content and messaging standards that support a unified language and promote interoperability across care settings.

Issues unique to aging services and the LTC community require specific priorities. Data content and messaging standards are critical for interoperability and improvements in quality of care and decision support. In addition, standards must also be developed to target health and social status, cognitive ability, and functioning domains. This includes identification of standardized vocabularies for these domains including needed data elements and definitions. Existing federally mandated standardized assessments/data sets (for example, MDS and OASIS) must incorporate health IT content and messaging standards. Any new data collection tools developed and mandated must also incorporate health IT content and messaging standards.



Action Item: Adopt a standardized patient transfer/summary of care document as a step to coordinate care across settings and reduce risk to the patient.

The transition of care from one setting to another is critical to patient safety and must be a priority. Data content and messaging standards developed might start with a focus on developing a standardized patient transfer/summary of care record or document. Consensus is needed across care settings to realize the full benefit and potential of this tool. Standards must be incorporated, otherwise the effort will be a barrier to information exchange.

Action Item: Develop implementation guidelines for existing standards.

Implementation of standards is clearly important to the LTC community. However, there has been little involvement in activities and awareness on how and where they will be used. Implementation guides that explicitly identify the important standards, where they should be used, and how they should be implemented will improve utilization.

Action Item: Prioritize e-prescribing and medication safety initiatives.

Significant improvements in patient safety can be realized by focusing efforts on e-prescribing applications as a priority stepping stone to a fully functioning EHR. Policies and standards related to implementing e-prescribing are a priority for the LTC community.

Action Item: Research and benchmark EHR and e-prescribing initiatives.

Research and publications have been dominated by health IT and EHR use in acute care settings. The LTC community will equally benefit from research, publications, and benchmarking to address issues unique to aging services. Documentation, communication, and education on emerging practices using health IT, the business case for health IT implementation in LTC, and the impact of health IT use on quality and disease management are critical.

Action Item: Certify EHR and e-prescribing solutions.

Investing in health IT/EHR is a significant expense and risk for LTC community providers. Financially, providers cannot afford to make an expensive mistake when investing in new technology. To reduce the risk to providers the national certification efforts must also include LTC health IT/EHR vendor products.

Action Item: Link quality initiatives and health IT, the EHR, and e-prescribing.

To support the development and implementation of health IT solutions that help improve quality, undertake important initiatives including: documenting aging services workflows, documenting processes/requirements for accurate information flow between settings, focusing on holistic systems that support disease prevention and chronic care management, including the development of appropriate decision support, and integrating quality outcome measurements into EHR systems. Implementing health IT solutions that make workflow more efficient, facilitate the exchange of information, and support disease prevention and chronic care management, can integrate and support quality outcome measurement reporting.



Action Item: Advocate for special projects through the Quality Improvement Organizations (QIOs) to support health IT adoption and effective implementation.

The LTC community recognizes the benefits of engaging with the QIOs to implement health IT/EHR to improve quality, outcomes, and processes. Funding of special projects in which the QIOs provide assistance to LTC providers for the adoption and effective implementation of health IT (with the ultimate goal of making it a national QIO project) must be encouraged. Use cases in which health IT can be applied to improve outcomes or quality and help define the clinical process and workflow. Building on existing programs such as the electronic Nursing Home Improvement and Feedback Tool to promote collection and effective use of data for quality improvement is a possible first step.

Conclusion and Immediate Next Steps

Three immediate steps must be taken to mobilize the LTC community and continue the momentum generated from the LTC health IT summit. These three activities are critical and must be accomplished within a 6 to 12 month window to maintain this momentum.

- Widely disseminate this report and the white papers submitted by the stakeholder organizations.
- Develop a cross-organizational collaborative to mobilize and monitor efforts.
- Hold a follow-up LTC health IT summit in spring 2006.

While specific action plans to engage consumers in the process of adopting the EHR in aging services have not been identified, the summit's presentations and discussions recognized a mandate for consumer engagement. Aging services has always taken a holistic approach centered on individual's health, well-being, preferences, and quality of life and engagement. The adoption of health IT offers new opportunities to realize and extend that vision.

The LTC health IT summit was an important first step in bringing the LTC community together to develop a consensus and strategy for promoting health information technology and the EHR. It is critical for the community and its constituents to continue these efforts across a broad array of activities. The summit's sponsors believe it to be only the first in a series of steps to increase awareness and promote the use of health IT in aging services.



www.aahsa.org



www.agintech.org



www.ahca.org



www.ncal.org



www.ahima.org



www.amda.org



www.nahc.org



www.nasl.org

www.ahima.org/infocenter/whitepapers/ltc.asp

© Copyright 2005 AHIMA, AAHSA/CAST, AHCA/NCAL, AMDA, NAHC, and NASL.

NOTE: Copyright permission is not needed to reprint this information, but proper credit must be given.